INSURANCE RATE SHEET FOR SCHOOL YEAR 2022-2023

| Classic Gold | | | | FY 22-23 | | |
|-------------------------|---------------------|-------------|-----------------------|----------------------------|--------------------|----------------|
| | Medical | TelaDoc | Total | | Employee | NUSD Cost |
| Coverage Type | Monthly | Cost | Monthly | Annual Cost | Cost Per | Per Paycheck |
| | Cost | | · | | Paycheck | - |
| Employee | \$ 475.00 | \$ 2.50 | \$ 477.50 | \$ 5,730.00 | \$ - | \$ 286.50 |
| Spouse | \$ 443.00 | \$ - | \$ 443.00 | \$ 5,316.00 | \$ 265.80 | Benefit Amt. |
| Children | \$ 308.00 | \$ - | \$ 308.00 | \$ 3,696.00 | \$ 184.80 | \$5,730.00/ Yr |
| Family | \$ 462.00 | \$ - | \$ 462.00 | \$ 5,544.00 | \$ 277.20 | |
| Co-Pay Gold | | | | FY 22-23 | | |
| Coverage Type | Medical | TelaDoc | Total | | Employee NUSD Cost | |
| | Monthly | Cost | Monthly | Annual Cost | Cost Per | Per Paycheck |
| Formularing | Cost | ć 2.50 | ŕ | ć 204.00 | Paycheck | • |
| Employee | \$ 522.00 | \$ 2.50 | \$ 524.50 | \$ 6,294.00 | \$ 28.20 | \$ 286.50 |
| Spouse | \$ 487.00 | \$ - | \$ 487.00 | \$ 5,844.00 | \$ 315.60 | Benefit Amt. |
| Children | \$ 337.00 | \$ - | \$ 337.00 | \$ 4,044.00 | \$ 225.60 | \$5,730.00/ Yr |
| Family | \$ 507.00 | \$ - | \$ 507.00 | \$ 6,084.00 | \$ 327.60 | |
| HDHP \$1,500 (w/ Distr | | 1100.00 HSA | I | FY 22-23 | - I | ı |
| Coverage Type | Medical | TelaDoc | Total | Assumed Cook | Employee | NUSD Cost |
| | Monthly | Cost | Monthly | Annual Cost | Cost Per | Per Paycheck |
| Employee | Cost \$ 378.50 | \$ 1.50 | \$ 380.00 | \$ 4,560.00 | Paycheck \$ - | \$ 286.50 |
| Spouse | \$ 350.00 | \$ - | \$ 350.00 | \$ 4,200.00 | \$ 210.00 | Benefit Amt. |
| Children | \$ 243.00 | \$ - | \$ 243.00 | \$ 2,916.00 | \$ 145.80 | \$5,730.00/ Yr |
| | | \$ - | | | | \$5,750.00/ 11 |
| Family | \$ 366.00 | - ۶ | \$ 366.00 | \$ 4,392.00 FY 22-23 | \$ 219.60 | |
| Delta Dental | Dental | I | Employee | F1 22-23 | I | |
| Coverage Type | Monthly | Annual | Cost Per | NUSD Cost Per Paycheck | | |
| | Cost | Cost | Paycheck | NOSD COST FEI F dycheck | | |
| Employee | \$ 31.09 | \$ 373.08 | \$ - | \$ 18.65 | | |
| Spouse | \$ 31.96 | \$ 383.52 | \$ 19.18 | Benefit Amt. | | |
| Children | \$ 35.58 | \$ 426.96 | \$ 21.35 | \$373.08 | | |
| Family | \$ 55.10 | \$ 661.20 | \$ 33.06 | 4575.55 | | |
| DISTRICT PAID LIFE INSI | | φ σσ2.2σ | φ 33.00 | | J | |
| \$10,000 Life Insurance | JIANCE. | | | FY 22-23 | | |
| 710,000 Life insurance | I | Ι | l | 1122-23 | l | |
| Coverage Type | Cost Per | | Annual | NUSD Cost Per Paycheck | | |
| | \$1,000 | Monthly | Cost | NOSD COST PET PAYCHECK | | |
| - I | A 0.444 | Cost | 4 45 00 | | Total | ¢6 420 00 |
| Employee Life | \$ 0.141 | \$ 1.41 | \$ 16.92 | \$ 0.85 | Benefit Amt | \$6,120.00 |
| OPTIONAL BENEFITS: | | | | | | |
| Vision - AVESIS | ı | | I | FY 22-23 | I | |
| Coverage Type | Monthly | | Annual | Employee Cost Per Paycheck | | |
| | Cost | | Cost | | | |
| | | | | | | |
| Employee | \$ 6.67 | | \$ 80.04 | \$ 4.00 | | |
| Employee Family | \$ 6.67 \$ 15.35 | | \$ 80.04 \$ 184.20 | \$ 4.00 \$ 9.21 | | |
| | \$ 15.35 | Network | | | | |